



TEXAS DEPARTMENT OF HEALTH  
LICENSING AND ENFORCEMENT DIVISION

TEST SITE

BUDGET 7B708  
FUND: 072  
LICENSE #:

CERTIFIED FOOD MANAGEMENT PROGRAM  
TEST SITE LICENSE APPLICATION

(Health and Safety Code (HSC), Chapter 438, Subchapter K)

Return both the completed application and fee made payable to the  
TEXAS DEPARTMENT OF HEALTH in the envelope provided or mail to:  
Texas Department of Health, P. O. Box 149200, Austin, Texas 78714-9200.

You may visit our website at: [www.tdh.state.tx.us/bfds](http://www.tdh.state.tx.us/bfds)

Please note that a separate application package is required for each program (i.e. Certification, Recertification, Test Site). Contact this office at (512) 719-0232 for the correct application.

Name of Business Applying to Operate Test Site(s): \_\_\_\_\_

Name of Contact Person (Examination Administrator): \_\_\_\_\_

Physical Address of Business Office: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Mailing Address (if different from Physical Address): \_\_\_\_\_

Telephone # at physical address: \_\_\_\_\_

Business Office Fax #: \_\_\_\_\_

Business Office Email Address: \_\_\_\_\_

Business Office Website (URL): \_\_\_\_\_

**(NON-REFUNDABLE FEES) TEST SITE FEES (Check one only): \*\*\*Attach a listing to include physical address, city, state and zip codes of all test sites.**

**G ONE SITE \$200.00**

**G 2 – 10 SITES \$500.00**

**G OVER 10 SITES \$1,000.00**

**G LATE FEE** - A person who files for renewal after the license expiration date must pay an additional \$100.00

**ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE**

**SECURITY AGREEMENT STATEMENT BY DESIGNATED PROGRAM SPONSOR:** I do hereby agree to maintain in a secure manner all examination booklets and materials received from the Texas Department of Health (TDH) and to refrain from discussing, describing or duplicating any items contained therein. I understand and agree to the timely return of all examination booklets issued to me upon request of the TDH. I further understand that failure to comply with the terms of this agreement may constitute just cause for program review and/or revocation of the Certificate of Accreditation.

**VERIFICATION:** I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 438 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature

**G OWNER**

**G PARTNER**

**G PRESIDENT**

**G CORPORATE DESIGNEE / AGENT**

Date

Printed Name & Title

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of company.

**G New**

Start Date: \_\_\_\_\_

**G Amended**

**G Change of Ownership**

Enter the date the change was/is effective:

**G Change of Location**

**G Change of Name**

Date: \_\_\_\_\_

**G Other:**

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee. The effective date of change becomes the new anniversary date.

**G Renewal**

Renewals are valid for one year from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

**G Notice that firm is out of business. I choose not to renew my Test Site License(s).**

**EXAMINATION: *\*Only Department Approved Examinations may be utilized.***

**G State Examination** (attach Test Site Exam Booklet order form if needed )

**G Internet**

**G National Examination** (please specify): \_\_\_\_\_

**G Other** (please specify): \_\_\_\_\_

**TEST SITE LOCATION(S):** (attach additional pages if necessary)

Location Name	Address	Phone/Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BILLING INFORMATION:**

Bill To: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer: \_\_\_\_\_

◆ **ALLOW 4-6 WEEKS PROCESSING TIME**

◆ **FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY LICENSING**

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM**